



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

(CFA-1)

State Form 4604 (R13/9-10)

Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? ☒ No ☐ Yes If Yes, please enter the file number in this box →

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name JASPER		First Name Michael		Middle Name LEE	Nickname MIKE	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address 7646 Gordon Way				5. FAX (Optional) ()		6. E-mail Address (Optional) electmikejasper@gmail.com	
7. City INDIANAPOLIS	State IN	ZIP Code 46237	8. County MARION	9. Telephone (Day) (317) 258-3356		10. Telephone (Evening) (317) 258-3356	
11. Party Affiliation <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other				12. Office Sought (Include district number, if any. Not required for an exploratory committee.) CITY COUNCIL COUNCIL DISTRICT 25			

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate) <input checked="" type="checkbox"/> Check if this is a new name Elect Mike Jasper							
14. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 8040 Red Barn Circle				15. FAX (Optional) ()		16. E-mail Address (Optional) electmikejasper@gmail.com	
17. City Indianapolis	State IN	ZIP Code 46239	18. County Marion	19. Telephone (317) 457-0055		20. Committee Organization Date (MM-DD-YY) 05-05-15	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input checked="" type="checkbox"/> Check if this is a new chairperson Michael Lee Jasper							
22. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 7646 Gordon Way				23. FAX (Optional) ()		24. E-mail Address (Optional) electmikejasper@gmail.com	
25. City Indianapolis	State IN	ZIP Code 46237	26. County Marion	27. Telephone (Day) (317) 258-3356		28. Telephone (Evening) (317) 258-3356	
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) Forum Credit Union							
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)				31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. Renée E. Mayo				Signature of the Committee Chairperson 			
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input checked="" type="checkbox"/> Check if this is a new treasurer Renée E. Mayo							
34. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 8040 Red Barn Circle				35. FAX (Optional) ()		36. E-mail Address (Optional) electmikejasper@gmail.com	
37. City Indianapolis	State IN	ZIP Code 46239	38. County Marion	39. Telephone (Day) (317) 457-0055		40. Telephone (Evening) (317) 862-2638	

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).		Signature of Person Accepting Appointment
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SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson Michael L. Jasper	Signature of Chairperson 	Date (MM-DD-YY) 5/12/15
43. Typed or Printed Name of Candidate Michael L. Jasper	Signature of Candidate 	Date (MM-DD-YY) 5/12/15

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

FOR OFFICE USE ONLY

FILED

MAY 13 2015

Myra A. Eldredge